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APPLICANTS *P*

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\*\* CONTINUING DATA \*\*\*\*\* *P*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *P*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 5	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged *Allowance*  
Examiner's Signature *[Signature]* Initials

ADDRESS  
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TITLE  
Portable, cryogenic gas delivery apparatus

FILING FEE RECEIVED 938	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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